

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL074038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/20/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHERN LIVING ASSISTED CARE

2060 WEST FIFTH STREET
GREENVILLE, NC 27835

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Complaint Survey by Ed Miller and Bob Getchell on August 20, 2015. Records indicate that the facility was either first licensed or submitted for licensure on April 16, 1984. Based on this information, this facility is required to meet the 1984 Rules for the Licensing of Adult Care Homes, the applicable components of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1978 North Carolina State Building Code Volume I Section 409- Institutional Unrestrained Occupancy. LICENSED FOR 120 BEDS. The complaint, alleged that the facility had poor environmental conditions. The complaint was substantiated. Deficiencies were cited which will require a plan of correction.	C 000	CONSTRUCTION SECTION SEP 21 2015 RECEIVED	
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the facility failed to maintain the floors clean and in good repair. Findings on August 20, 2015: a. Throughout the facility Resident Rooms' floors were very dirty, and there was an excessive	C 164	<ul style="list-style-type: none"> <u>Corrective Action Already Taken:</u> Floors in Halls and Floors in Each Resident Rooms have been Cleaned by Removing All Room Furniture. Door Frames wire brush scrubbed. Furniture cleaned, polished and repaired. Floors have been Rewaxed. <u>Changes to prevent recurrence:</u> Floor Condition, by Room # Checklist System already in place. <u>Corrective Action Monitoring:</u> By Maintenance & Housekeeping. Verified by Administrator. 	Cleaning Started 08.22.15 Rexax Completed 09.04.15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Cynthia Dorrity

TITLE Administrator

(X6) DATE 9.18.15

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C 164	Continued From page 1 amount of wax and dirt build-up around the door frames, and where the floors meet the wall base. b. Some of the recently cleaned room floors still had stains and spots that were missed when cleaning operations were performed. c. Some of the recently cleaned room floors had adjacent areas under furniture and other items that had not been cleaned. d. Some of the recently cleaned room's floors had adjacent closets that had not been cleaned or still had stains and spots that were missed when cleaning operations were performed. e. The Living Room carpet has numerous, stains and the carpet pile was worn away in areas. f. The vinyl floor tiles at the commode in the Toilet Room of Resident Room 131 is in disrepair making it difficult to clean. 2. Based on observations, the facility failed to maintain the walls clean and in good repair. Findings on August 20, 2015: a. The walls, and base boards in the Resident Rooms including Closets and Resident Room Toilet Rooms were not clean and in good repair. b. In the Resident Toilet Rooms, the walls behind the commodes had gotten wet, compromising the finish in a way that making it difficult to clean.	C 164	<p><u>Corrective Action Already Taken:</u> VCT Tile has been ordered to replace Previous Living Room Carpet. <u>Changes to prevent recurrence:</u> Replacement with New Durable Material</p> <p><u>Corrective Action Monitoring:</u> Durable Material will be cleanable.</p> <p><u>Corrective Action Already Taken:</u> VCT Tile has been ordered to replace Vinyl flooring in Toilet Rm of #131. <u>Changes to prevent recurrence:</u> Replacement with New Durable Material</p> <p><u>Corrective Action Monitoring:</u> VCT Material will be cleanable.</p> <p><u>Corrective Action Already Taken:</u> Walls, Baseboards in Resident Rooms including Closets and Resident Room Toilet Rooms have been Wire Brush scrubbed and Painted.</p> <p><u>Changes to prevent recurrence:</u> Housekeeping Staff has been changed.</p> <p><u>Corrective Action Monitoring:</u> Deep Clean Schedule in practice. Maintenance, Housekeeping; monitor. Verified by Administrator.</p>	<p>Completion Date: Replacement Installation Scheduled</p> <p>For 08.19.15</p> <p>Completion Date: Installation To be Scheduled Immediately Upon Ordered Material Arrival Completion Date: Cleaning Started 08.22.15 Painting Completed 09.04.15</p>
C 165	Housekeeping and Furnishings-Sanitation Grade SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (4) have a North Carolina Division of Environmental Health approved sanitation classification at all times in facilities with 12 beds	C 165		

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C 165	Continued From page 2 or less and North Carolina Division of Environmental Health sanitation scores of 85 or above at all times in facilities with 13 beds or more; (e) This Rule shall apply to new and existing facilities.	C 165	<u>Corrective Action Already Taken:</u> Ordered Class "A" FRP for walls behind the Commodes. <u>Changes to prevent reoccurrence:</u> CLASS "A" FRP enables Cleaning	Completion Date: FRP Already Ordered. Installation
	This Rule is not met as evidenced by: 1. Based on Record review, and interview with Administrator the facility failed to maintain a sanitation scores of 85 or above at all times in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having clean and sanitary facilities to live and work in. Findings on August 20, 2015: a. A Sanitation report by the Pitt County Environmental Health Department documented a re-inspection of the facility that was performed on August 13, 2015. This report documented a score of 70.5.		<u>Corrective Action Monitoring:</u> By Maintenance & Housekeeping Verified by Administrator	To be Scheduled Immediately Upon Arrival
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility has not ensured that all resident rooms remain uncluttered. Findings on August 20, 2015: a. Most resident rooms that have not been	C 166		

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C 166	Continued From page 3 clean were cluttered with residents' clothes and other belongings stacked on the floor or on a chair. Clutter, especially on the floor, makes it difficult to keep the area clean and provides harborage for insects and vermin. 2. Based on observation, the facility failed to provide an environment free of hazards by allowing roaches to remain unmanaged. Findings on August 20, 2015: a. Dead and alive roaches were observed in the front section of the 100 Hall. Pest exterminator was on site. 3. Based on Observation, the facility failed to provide an environment free of hazards, by not maintaining the HVAC/ventilation, grilles and their associated dampers. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin. Findings on August 20, 2015: a. The return HVAC and ventilation grilles and their radiation dampers have an excessive accumulation of dust/lint throughout the Facility. 4. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on August 20, 2015: a. Several hand sinks in the group bathrooms had become loose and propped up with supports. The supports spring from the front bottom of the sink to the floor. These supports are mostly wood post that, get, and stay wet. These wood posts make it difficult to mop under these sinks.	C 166	<p><u>Corrective Action Already Taken:</u></p> <p>Deep Cleaning Schedule Underway.</p> <p><u>Changes to prevent reoccurrence:</u></p> <p>Inspection of Each Deep Cleaned Room</p> <p><u>Corrective Action Monitoring:</u></p> <p>Deep Clean Inspection to be conducted by Team Leader / Med Tech on Duty.</p> <p>Verified by Administrator</p> <p><u>Corrective Action Already Taken:</u></p> <p>Pest Inspection Company has been changed.</p> <p><u>Changes to prevent reoccurrence:</u></p> <p>Pest Company to be contacted upon ANY sighting of Bugs.</p> <p><u>Corrective Action Monitoring:</u></p> <p>ALL Staff to Notify in writing, any sightings of any Bugs and given to the RCC and or Administrator.</p> <p><u>Corrective Action Completion Date:</u></p> <p>Full Building Treatment: 08.20.15</p> <p>Full Building Treatment: 08.26.15</p> <p>Full Building Treatment: 09.02.15</p> <p>Full Building Treatment: 09.09.15</p> <p>All Resident Rooms Treatment: 09.16.15</p>	<p>Completion</p> <p>Date:</p> <p>Deep Clean</p> <p>Process:</p> <p>Removing</p> <p>Everything</p> <p>out of each</p> <p>Resident</p> <p>Room</p> <p>Started</p> <p>08.24.15.</p> <p>Initial</p> <p>Deep Clean</p> <p>Completed</p> <p>08.18.15.</p> <p>Resident</p> <p>Deep Clean</p> <p>& De-Clutter</p> <p>Schedule</p> <p>will</p> <p>Continue</p> <p>And be</p> <p>On-going</p> <p>Mon - Fri.</p>

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C 189	Continued From page 4	C 189	<u>Corrective Action Already Taken:</u>	Initial
C 189	Building Equipment Maintained Safe, Operating	C 189	HVAC ventilation, grilles and dampers have been cleaned	Cleaning Performed.
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS		<u>Changes to prevent recurrence:</u>	On-Going
	(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.		Task has been added to a Monthly Check List.	Periodic
	(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.		<u>Corrective Action Monitoring:</u>	Cleanings to Continue.
	This Rule is not met as evidenced by:		Maintenance	
	1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.		<u>Corrective Action Already Taken:</u>	Sink
	Findings on August 20, 2015:		Resident Sinks have been correctly bracketed by an outside professional.	Stabilization Completed
	a. The one-hour fire-resistance-rated corridor walls in the Residents' Toilet Rooms had holes in them.		<u>Changes to prevent recurrence:</u>	09.04.15.
	b. The exit door near dining, on the 100 Hall had a compromised top hinge that was allowing the door to rub the surface below, requiring more effort to operate. This rubbing makes opening and closing the door difficult, and once the door is opened the door does not get pushed back into its frame allowing insects, vermin and weather access to the interior.		"L" brackets added for extra support.	
			<u>Corrective Action Monitoring:</u>	
			ALL Staff to report any change in stabilization.	
			<u>Corrective Action Already Taken:</u>	Wall Holes
			Sheetrock mud added, smoothed, painted.	Repaired
			<u>Changes to prevent recurrence:</u>	08.25.15.
			Monitoring to notice wheelchair damage to walls.	
			<u>Corrective Action Monitoring:</u>	
			ALL Staff In-Serviced to be aware and diligent to Notify Maintenance of needed repairs.	
			<u>Corrective Action Already Taken:</u>	Rear Exit
			Exit Door near Dining has been corrected.	Door
			<u>Changes to prevent recurrence:</u>	Completed
			ALL Staff has been In-Serviced to be Aware of building	09.11.15.